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BIBDATASHEET**CONFIRMATION NO. 6548**

Bib Data Sheet

SERIAL NUMBER 10/004,468	FILING DATE 10/23/2001 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. SPC-5068CNT6
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APPLICANTS

Roger A. de la Torre, St. Louis, MO;

James Stephen Scott, St. Charles, MO;

George D. Hermann, Los Gatos, CA; Thomas A. Howell, Palo Alto, CA;

James E. Jervis, Atherton, CA;

Kenneth H. Mollenauer, Santa Clara, CA;

Roderick A. Young, Palo Alto, CA;

**** CONTINUING DATA *******

This application is a CON of 09/451,570 11/30/1999 PAT 6,319,246
 which is a CON of 08/902,144 07/29/1997 PAT 6,024,736
 which is a CON of 08/319,986 10/07/1994 PAT 5,653,705

*Q&B***** FOREIGN APPLICATIONS ********none***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 12/19/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MO	7	19	1
Examiner's Signature <i>[Signature]</i>	Initials			

ADDRESS

000027777

PHILIP S. JOHNSON

JOHNSON & JOHNSON

ONE JOHNSON & JOHNSON PLAZA

NEW BRUNSWICK, NJ

08933-7003

TITLE

Laparoscopic access port for surgical instruments or the hand

<p>FILING FEE RECEIVED 740</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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